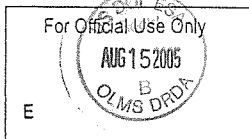


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|--|
| 1. File Number U - <u>LOCAL 802-TEAMSTERS</u> <u>8926</u> | 2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u> |
| 3. Name and address of person filing Name <u>MICHAEL RUSCIGNO</u> P.O. Box, Bldg., Room No., if any <u>apt-B2</u> Street <u>42 WEST 23 STREET</u> City <u>BRONX</u> State <u>N.Y.</u> ZIP Code + 4 <u>07002 3718</u> | 4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL 802</u> Labor Organization File Number <u>027562</u> P.O. Box, Building and Room Number, if any Street <u>41-20 CRESCENT STREET</u> City <u>LONG ISLAND CITY</u> State <u>N.Y.</u> ZIP Code + 4 <u>11101 3886</u> |
| 5. Position in labor organization. <u>B.A. and TRUSTEE</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <u>LOCAL 138 PENSION TRUST FUND</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>41-20 CRESCENT STREET</u> City <u>LONG ISLAND CITY</u> State <u>N.Y.</u> ZIP Code + 4 <u>11101 3886</u> | 7.a. Nature of Interest, Transaction, or Income. <u>ANNUAL MEMBERSHIP DUES TO</u> <u>INTERNATIONAL FOUNDATION OF</u> <u>EMPLOYEE BENEFIT PLAN</u> 7.b. Amount. <u>\$ 100.00</u> |

Signature

| | |
|--|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | |
| Signed <u>Michael Ruscigno</u> | On <u>8/8/05</u> <u>201-858-3214</u> Date Telephone Number |

| | |
|---|-------------------------------------|
| Name of Person Filing <u>MICHAEL RUSCIGNO</u> | File Number U- <u>Local 802 IBT</u> |
|---|-------------------------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. _____